

## Underground Storage Tank



Check those activities which apply: ☒ Tightness Testing Checklist  
☐ Retrofit/Repair checklist  
☐ Cathodic Protection Checklist

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The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

## 1. UST SYSTEM LOCATION AND OWNER

UBI Number: 391001455  
 (UBI # from Master Business License)

Site ID Number: EPA 4-260087  
 (Available from Ecology if tank is registered)

Site/Business Name: Smitty's # 140

Site Address: 520 E Columbia Dr

Street County  
Toppenish Washington 98948  
 City State Zip+4 (required)

Telephone: 509-865-5909

UST Owner/Operator: RH Smith Dist

Mailing Address: PO Box 6

Street P.O. Box  
Grandview Washington 98930  
 City State Zip+4 (required)

Telephone: 800 832 4507

## 2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 1720 100th Pl SE, Suite 101 Snohomish

Street County  
Everett Washington 98208-3826  
 City State Zip+4 (required)

Certified Supervisor: Erik Snyder

Address: 1720 100th Pl SE, Suite 101

Street P.O. Box  
Everett Washington 98208-3826  
 City State Zip+4 (required)

IFCI Certification Number: 32-US-32025440

Certification issue Date (Month/Year): 5/19/2003

Telephone: (425) 742-9622

*Ecology is an equal opportunity and affirmative action employer*

*For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.*

Site ID # 4-260087  
Site Address 520 E Columbia Dr  
City Toppenish

Date of Test: 3/23/2004

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Site ID # 4-260087Site Address 520 E Columbia DrCity Toppenish

## Tightness Testing Checklist (continued)

## III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID# (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	Reg	sup	Die	0
4. Last substance stored				
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned				
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)				
9. The test method used can detect a leak of how many GPH?	+/- 0.05	+/- 0.05	+/- 0.05	+/- 0.05
10. The numerical tank test results are? (In gallons per hour)				
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?				

## IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	s	s	s	
2. Pump type: (T) turbine; (S) suction	t	t	t	
3. (a) If turbine, is leak detector present (Yes/No)	yes	yes	yes	
(1) If present, was lead seal intact? (Yes/No N/A)	n/a	n/a	n/a	
(2) Line leak detector results? (Pass/Fail)	pass	pass	pass	
(b) If suction, check valve located at? (T) tank (P) pum	n/a	n/a	n/a	
4. The numerical line test results are? (gallons per hour)	-0.02	-0.002	-0.003	
5. Line tightness test results? (Pass/Fail)	pass	pass	pass	

\* Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

## V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

3/23/2004

Date

Signature of Certified Supervisor

Erik Snyder

Printed Name

7-14-04

Date

Signature of Tank Owner/Authorized Representative Printed Name